## M04000005449

| (Requestor's Name)                      | _ |  |  |  |
|---|---|--|--|--|
| (Address)                               | _ |  |  |  |
| (Address)                               | _ |  |  |  |
| (City/State/Zip/Phone #)                | _ |  |  |  |
| PICK-UP WAIT MAIL                       |   |  |  |  |
| (Business Entity Name)                  | _ |  |  |  |
| (Document Number)                       |   |  |  |  |
| Certified Copies Certificates of Status |   |  |  |  |
| Special Instructions to Filing Officer: | 7 |  |  |  |
|   |   |  |  |  |
|   |   |  |  |  |
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|   |   |  |  |  |

Office Use Only



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05/12/14--01040--024 \*\*25.00

SECRETAGY OF STATE

## **COVER LETTER**

| TO: Registration Division of                             | Section<br>Corporations                      |                                       |  |
|--|--|---------------------------------------|--|
| SUBJECT: LEHI  | LL PARTNERS L.L.C.<br>(Name of For           | eign Limited Liability                | Company)   |
| Dear Sir or Madam:                                       |  |                                       |  |
| The enclosed withdr                                      | awal and fee(s) are submitte                 | d for filing.                         |  |
| Please return all corr                                   | espondence concerning this                   | matter to the following               | g:   |
| ANNE MARAJ   | (Name of Person)                             |                                       | _  |
| WHM LLC  | (Firm/Company)                               |                                       | _  |
| 501 EAST CA  | MINO REAL                                    |                                       | _  |
|  | (Address)                                    |                                       |  |
| BOCA RATON   | I, FL 33432                                  |                                       | _  |
|  | (City/State and Zip Cod                      | e)                                    |  |
| For further informati                                    | on concerning this matter, p                 | lease call:                           |  |
| ANNE MARAJ   |  | <sub>at (</sub> 561                   | , 447-5318   |
| (N   | ame of Person)                               |                                       | Daytime Telephone Number)  |
| Registratior<br>Division of<br>Clifton Bui<br>2661 Execu | Corporations                                 | Regis<br>Divisi<br>P.O. E             | LING ADDRESS:<br>tration Section<br>ion of Corporations<br>Box 6327<br>nassee, Florida 32314 |
| Enclosed is a check                                      | for the following amount:                    |                                       |  |
| ☑ \$25 Filing Fee  | □ \$30 Filing Fee &<br>Certificate of Status | □ \$55 Filing Fee &<br>Certified Copy | \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy                                |

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| LEHILL PARTNERS L.L.C.   |      |
|--|------|
| (Name of limited liability company)  |      |
| DELAWARE   |      |
| (Jurisdiction of its organization)   |      |
| M04000005449   |      |
| (Florida Document Number)  |      |
| This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.   |      |
| This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.  |      |
| AND THE REPORT OF THE PROPERTY |      |
| FOI EART CAMINO DEAL   | ~    |
| (Mailing address)  | TI-T |
| 55K 72   | i.   |
| BOCA RATON, FL 33432   |      |
| (City/State/Zip)   | _    |
|  |      |
| The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.   |      |
|  |      |
| (Signature of member or authorized representative of a member)   |      |
| ANTHONY BEOVICH  |      |
| (Typed or printed name of signee)  |      |

Filing Fee: \$25.00